



# Volunteer Application Form

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_

## Emergency Contact

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Do you prefer to receive texts? Y or N

Availability (check all that apply)

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<b>Morning</b>						
<b>Evening</b>						

## Type of Volunteer

\*Telephone Recovery Support    \*Recovery Coach    \*POR Coordinator/Transporter

Special Events    Speakers Bureau

*\*Special training and requirements for these positions.*

Volunteer work experience/special skills or talents: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How did you hear about us? \_\_\_\_\_

\_\_\_\_\_

What motivated you to want volunteer with us? If you are a student, is this a class requirement and your professor's name? If for court, who is your Court Services Officer? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# Volunteer Application Form

## Statement of Understanding

I hereby certify that the information contained in this application is true and complete to the best of my knowledge. I understand that all of the information contained in this application is subject to verification by Face It TOGETHER® Sioux Falls. I understand that this is an application for and not a commitment or promise of a volunteer opportunity.

As a volunteer I agree:

- To perform my volunteer duties to the best of my abilities
- To hold confidential information about clients, employees, volunteers, and donors of Face It TOGETHER® Sioux Falls I will not use such information for my private use.
- To adhere to Face It TOGETHER® Sioux Falls volunteer policies
- To meet my commitments or to provide adequate notice so that alternate arrangements can be made
- To waive Face It TOGETHER® Sioux Falls of all liability from injuries and accidents that may occur while volunteering
- That I have received and signed the appropriate forms in the Volunteer Handbook.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



# Volunteer Application Form

## Reference Check Form

Volunteer Candidate Name: \_\_\_\_\_

### Reference

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

How do you know this volunteer candidate? How long have you known him or her?  
\_\_\_\_\_

What are his or her three strongest qualities?

- 1)
- 2)
- 3)

How do you think this person would handle working with individuals who suffer from addiction?  
\_\_\_\_\_  
\_\_\_\_\_

Is there anything else I should take into consideration?  
\_\_\_\_\_  
\_\_\_\_\_

### Reference

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

How do you know this volunteer candidate? How long have you known him or her?  
\_\_\_\_\_

What are his or her three strongest qualities?

- 1)
- 2)
- 3)

How do you think this person would handle working with individuals who suffer from addiction?  
\_\_\_\_\_  
\_\_\_\_\_

Is there anything else I should take into consideration?  
\_\_\_\_\_  
\_\_\_\_\_



# Volunteer Application Form